

Fact Sheet

How a Healthcare Information Network Can Improve Medical Care, Cut Costs and Save Lives

“I finally wrote down everything, so when he went to the doctor, I would take my satchel . . . Tommy’s life was in my satchel.”

Gay Quick, whose late husband, Tommy, suffered from a brain tumor

While information technology has transformed most U.S. industries, U.S. healthcare has been slow to implement IT to give patients greater safety, consumers more access and higher quality service, and the overall system greater efficiency.

- *The Center for Evaluative Clinical Sciences reports that one-third of healthcare spending goes to care that is duplicative, fails to improve patient health or may even make it worse.*
- *When doctors or caregivers lack information about a patient’s history and drug interactions, medical mistakes can occur. In 1999, the Institute of Medicine reported that medical errors in hospitals kill as many as 98,000 people a year—many of these deaths, undoubtedly, could be prevented by giving doctors and caregivers instant access to patients’ records.*

The Department of Health and Human Services estimates that the ability to electronically share standardized health files among U.S. healthcare IT systems would save \$86.8 billion a year just by eliminating duplicative tests, reducing medication errors and making the system more efficient.

- *By cutting medical errors with better information, the United States could also save much of \$200 billion in estimated annual costs due to preventable injuries. ⁱ*
- *Twenty percent of medical tests are ordered a second time because previous results cannot be found. ⁱⁱ*

Empowering Patients

Health management empowers patients with knowledge. Pat McGinley registered for an online program called *My Chart* that helps patients monitor their health. After learning that she had high cholesterol and triglyceride levels, Pat was prompted by *My Chart* to delve into comprehensive, easy-to-understand information about her test results. The program also prepared her to list questions for her doctor about her health and what she needed to change.

Pat told President Bush at the Cleveland Clinic in January, 2005:

- “*My Chart* really empowered me to think about what was going on. It made me feel like I was part of the decision-making process.”

Empowering Doctors

Dr. James Morrow of Cummings, Georgia, says:

- “With the [electronic medical record] system, we can do a better job with documentation, test and procedure follow-up, preventing bad outcomes, as well as finding missed opportunities.”
- When Dr. Morrow implemented an electronic medical record system in 1998—the savings allowed his practice to *triple* the number of patients they see, *double* the amount of doctors on staff, and hire additional physician’s assistants and registered nurses.

Preventing Needless Deaths and Suffering

Patients suffer—even die—due to lack of information about their medical history or condition.

Many of these deaths could be prevented if physicians, nurses and patients had access to medical histories and records with technology similar to that used by banks to keep track of consumers’ ATM transactions.

- A study in the *Annals of Family Medicine* found that 80% of “error chains” in medical cases resulted from miscommunications between physicians, misinformation in medical records, mishandling of patient requests and messages, inaccessible records and inadequate reminder systems.
- Some 25 million Americans endure limitations imposed on them by prolonged, chronic illnesses, from arthritis to cancer, muscular dystrophy, diabetes and cardiovascular disease. Patients need to know all about their condition, how to manage pain, overcome limitations and address their disease with lifestyle changes. **Doctor-to-patient communication is essential in managing these diseases.**

The Bottom Line

- Patients will not have to re-tell their medical history to every caregiver.
- Patients will not have to worry whether their doctor knows about their last prescription, test or treatment—and how it may impact their current care.
- Patients can review their personal medical information in private, at their leisure, when they want. Patients may be able to add relevant information—over-the-counter medicines or dietary supplements they are taking (reducing the likelihood of a bad drug interaction with their prescription medications), their self-monitoring data for blood sugar, or their blood pressure.

- Patients will not have to physically go to their doctor to get records, like vaccinations, for routine coordinated care.
- A healthcare information network would give national health authorities the ability to track patterns of disease, enhancing national security by allowing authorities to spot patterns associated with terrorist attacks.

The Commission on Systemic Interoperability, created as part of the Medicare Modernization Act of 2003, will develop a case for the value of health IT to consumers. It will tackle issues deterring collaboration among providers, and between providers and consumers. And it will identify investment opportunities, and ways to eliminate barriers, needed to accelerate IT adoption.

Its recommendations will fall into three categories:

Adoption—how to get clinicians and consumers to use healthcare IT. This area includes who will pay, cultural issues deterring clinicians from embracing healthcare IT and what it will take to have consumers demand electronic health records.

Interoperability—how to make the information stored in electronic formats available to different systems. This area involves technology standards, as well as competitive issues among providers and among the various healthcare players involved in information creation, control and flow.

Networking—how to ensure secure and confidential information, consumer control of identifiable information, mechanisms to connect consumers and their records, as well as “macro-policy” questions of population health, quality improvement and bio- and other forms of terrorism preparedness and response.

ⁱ National Patient Safety Foundation, Dr., Lucian Leape, M.D., Harvard School of Public Health, 10/9/1997.

ⁱⁱ Sen. Jon S. Corzine, 5/23/2005; Center for Information Technology.